

RFP-4-79
ATTACHMENT A

SF47895 (ELEC4-97)

MINORITY AND WOMEN'S BUSINESS ENTERPRISE PARTICIPATION PLAN

An offeror is expected to submit in each response a Minority Business & Women's Enterprise Participation Plan in accordance with 25 IAC 5 and IC 4-13-16.5. In the Plan, the offeror must show that there are racial minorities and woman owned enterprises participating in the proposed contact. While the participation may be as a subcontractor, second tier participation with common suppliers (e.g., office suppliers, courier serves) is acceptable. Respondents must indicate the name of the racial minority owned firm(s) with which it will work; the contact name and phone number at the firm(s); the service supplied by the firm(s); and the specific dollar amount from this contact that will be directed toward each firm. If the goal for this solicitation cannot be directed toward racial minority or woman owned enterprises, the respondent may demonstrate that a minimum of an amount equal to the goal of overall annual proceeds) from all business) are directed to racial and woman owned enterprises. Please note: If the Trade is an overhead item for your entire business, please calculate the proportion of the business that will actually apply to the solicitation in question.

Failure to provide the Plan at the time of proposal submission may result in the disqualification and rejection of the offer. The Indiana Department of Administration reserves the right to verify all information included in the Minority and Women Business Enterprise Participation Plan before making final determination of the offeror's responsiveness and responsibility.

An offeror may submit an application for a program waiver if the indicated goal or no participation is met. The offeror should demonstrate a good faith effort to meet the goal for example by working with the Minority and Women Business Development office of the Indiana Department of Administration to design a plan to meet the goal in an acceptable time period. Should those efforts not produce the goal, the waiver application may be submitted with documentation of the good faith effort. The State reserves the right to accept, verify or deny any application for waiver from the contact goal.

By submission of the offer, the offeror thereby acknowledges and agrees to be bound by the regulatory processes involving the State of Indiana's Minority Business Enterprise Program. Questions involving the regulations governing the Minority and Women Business Enterprise Participation Plan and/or the application for relief from the goal should be directed to the Compliance Manager of the Minority and Women's Business Enterprise Development office at 317/233-6607

MBE/WBE PARTICIPATION PLAN

RFP # _____ DUE DATE _____
RFP NAME _____
OFFEROR _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE() _____

The following minority owned firms will be participating in the RFP according to the following schedule:

<u>MBE/WBE</u>	<u>PHONE</u>	<u>CONTACT</u>	<u>TRADE</u>	<u>AMOUNT</u>
-----------------------	---------------------	-----------------------	---------------------	----------------------

Please indicate which firms are MBE and which are WBE

***If additional room is necessary, please attach a separate page**

THIS DOCUMENT MUST BE INCLUDED IN YOUR PROPOSAL

SF4789S (4-97)

APPLICATION FOR MBE/WBE PROGRAM WAIVER

Application for MBE/WBE Program Waiver is hereby submitted for the RFP listed below.

DATE OF APPLICATION _____/_____/_____

RFP # _____

RFP NAME _____

OFFEROR _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____

Please indicate reason(s) for application below:

____ Unable to locate MBE/WBE engaged in _____

____ Unable to secure competitive price in _____

____ Other (see attached description)

Please indicate MBE/WBE firms contacted below:

<u>MBE/WBE</u>	<u>TYPE OF ATTEMPT</u>	<u>DATE(S) ATTEMPTED</u>	<u>RESULTS</u>
----------------	------------------------	--------------------------	----------------

[illegible]

Please indicate which firms are MBE and which are WBE
***If additional room is necessary, please attach a separate page**

APPLICANTS SIGNATURE

DATE _____

THIS DOCUMENT MUST BE INCLUDED IN YOUR PROPOSAL